



LLE

ELECTRICAL PERMIT APPLICATION

BUILDING and NEIGHBORHOOD SERVICES

615-794-7012 Office

615-591-9066 Fax

GENERAL INFORMATION

Subdivision: _____ Lot #: _____ Building Permit #: _____
Project Address: _____ Suite/Unit #: _____
Project Name: _____ Residential _____ Commercial
Property Owner/General Contractor: _____
Property Owner's/General Contractor's Phone Number: _____

CONTRACTOR INFORMATION

CE Contractor: _____
State License CE#: _____
Street Address: _____
City: _____ State: _____ Zip: _____ E-mail: _____
Office phone: _____ Cell Phone: _____ Fax: _____

CHECK ALL THAT APPLY

\$ _____ **CONTRACT AMOUNT (Include Materials and Labor, less than \$25,000)**

- | | |
|---|---|
| <input type="checkbox"/> Service Size (Amps) _____ | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Service Entrance (over 1000 amps) | <input type="checkbox"/> Temporary Svc Size _____ |
| <input type="checkbox"/> Change of Service | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> 90 Day Service Release (under 1000 amps) | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Rough-In | <input type="checkbox"/> Central Vacuum |
| <input type="checkbox"/> Addition of Fixtures or Equipment | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Occupancy Final |
| <input type="checkbox"/> Final | |

BNS OFFICE USE ONLY

PERMIT # _____

FEES \$ _____

Water Heater ☐ Gas ☐ Electric Type of Heat ☐ Gas ☐ Electric

The City of Franklin Zoning Ordinance requires that electrical services are installed underground for development and redevelopment, commercially and residentially. Ex: Newly subdivided or created lots, New Buildings, New Homes (dwellings of all types), Residential - Infill, Teardowns and Rebuilds, Additions, Commercial and Residential that require relocating the service and Commercial/Residential Upgrades to the service. (Example- changing a 100 Amp panel to a 200 Amp panel). Please ask for additional information if you have questions.

Narrative of Scope of Work

Signature: _____ Date: _____

Note: Applications can be emailed to cofpermitapp@franklintn.gov. Incorrect or incomplete information may result in permit revocation.
G:\Department Forms and Procedures - ONLY USE THESE\Department Forms & Procedures Project 2018\Current effective - Apps and Forms\PMT_LLE ElectPermit (rev 202008).docx